

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JAN 23 MM R: 3L

•	- 1	7 HI O: 34
The name of the limited liability company is:		SECRETARY OF STATE
KCCA Associates, LLC		STATE OF IDAHO"E
2. The complete street and mailing ac 33287 N Newman Dr., Spirit Lake, ID 83 (Street Address) PO Box 1540, Spirit Lake, ID 83869 (Mailing Address, if different than street address)		e initial designated office:
The name and complete street add	dress of the re	gistered agent:
Casey Craig	33287 N Newman Dr., Spirit Lake, ID 83869	
(Name)	(Street Address	)
The name and address of at least company:	one member o	or manager of the limited liability
<u>Name</u>		Address
Casey Craig	33287 N Newman Dr., Spirit Lake, ID 83869	
<ol> <li>Mailing address for future correspondant</li> <li>PO Box 1540, Spirit Lake, ID 83869</li> </ol>	ondence (annu	al report notices):
6. Future effective date of filing (optio	onal):	
Signature of a manager, member operson.	r authorized	
Signature ////////////////////////////////////		Secretary of State use only IDAHO SECRETARY OF STATE 01/23/2015 05:00
Typed Name: Casey Craig		CK:2362 CT:305509 BH:1458373 10 100.80 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3
Signature Aulu Cun		10 20.00 - 20.00 BAFEDITE U #3
Typed Name:		

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